NYRx Cost Optimization Program Update

September 10, 2026

What Pharmacy Providers and Prescribers Need to Know

In December 2025, NYRx, the Medicaid Pharmacy Program, initiated a cost optimization program to help address increasing drug costs. This program focuses on a specific drug trend that is primarily occurring with new formulations and dosages of older drug products. These drugs are being manufactured and are entering the market with **substantially higher launch prices** than equally efficacious, cost-effective alternatives. They also lack additional clinical utility, while others lack clear medical necessity for those specific formulations and dosages.

Pursuant to Title 18 of the New York Codes, Rules, and Regulations (NYCRR) Section 513.4(d), the ordering practitioner and dispensing pharmacy are responsible for assuring that cost-effective alternatives, which meet the member's medical needs, have been explored and are prescribed and dispensed. The use of affected formulations and dosages for the convenience of the member or prescriber is not considered medically necessary. NYRx covers medically necessary Food and Drug Administration (FDA) approved drugs when used for Medicaid-covered indications.

Effective **September 10, 2026**, the following drugs will **require a Manual Review by NYRx** for coverage approval:

- baclofen 15 mg tablet, benzonatate 150 mg capsule, bupropion XL 450 mg tablet, buspirone 5 mg capsule, buspirone 2.5 mg, 12.5 mg tablet, diflorasone 0.05% cream, Doxycycline hyclate 75 mg capsule, Duloxetine 80 mg, 90 mg, 120 mg capsule, gabapentin 200 mg capsule, meclizine 50 mg tablet, naproxen/esomeprazole 375-20 mg, 500-20 mg tablet, omeprazole/sodium bicarbonate 20-1680 mg, 40-1680 mg packet, tazarotene 0.05%, 0.1% gel, ursodiol 150 mg capsule will be **ADDED** to the program.

NYRx Manual Review Required

Drugs	
Accrufer® 30 mg capsule	halcinonide 0.1% solution, cream
amcinonide 0.1% cream	halobetasol 0.05% foam, lotion
Arynta™ 10 mg/mL solution	hydrocortisone 2.5% solution
Atmeksi® 750 mg/5 mL suspension	ibuprofen 300 mg tablet
baclofen 5 mg/5 mL, 10 mg/5 mL solution, **15 mg tablet**	indomethacin 25 mg/5 mL suspension
benzonatate 150 mg capsule	Javadin™ 0.02 mg/mL solution
bupropion XL 450 mg tablet	ketoprofen 75 mg capsule, 200 mg ER capsule
buspirone5 mg, 7.5 mg, 10 mg, 15 mg **capsule**, **2.5 mg**, **12.5 mg tablet**	lactulose 10 g, 20 g packet
carbinoxamine maleate 6 mg tablet, 4 mg/5mL solution	Lurbiro™ 100 mg tablet
cephalexin 750 mg capsule, 250 mg, 500 mg tablet	**meclizine 50 mg tablet**
chlorzoxazone 250 mg tablet	meloxicam 5 mg, 10 mg capsule, 7.5 mg/5 mL suspension
citalopram 30 mg capsule	Metaxalone 640 mg tablet
clindamycin/benzoyl peroxide 1.2%-3.75% gel	metformin HCl 625 mg, 750 mg (IR) tablet
clindamycin phosphate 1% foam, gel (Clindagel)	methocarbamol 1000 mg tablet
clindamycin/tretinoin 1.2%-0.025% gel	metoprolol 12.5 mg tablet
clobetasol 0.025% cream	naproxen CR/ER tablet
clonidine hcl 0.05 mg tablet	**naproxen/esomeprazole 375-20 mg, 500-20 mg tablet**
desloratadine 0.5 mg/mL solution	Neo-Synalar 0.5%-0.025% cream
Desmoda™ 0.05 mg/mL solution	Nitrofurantoin 50 mg/5 mL suspension
Desvenlafaxine ER 50 mg, 100 mg tablet (GCN 34470, 34482)	**omeprazole/sodium bicarbonate 20-1680 mg, 40-1680 mg packet**
dexamethasone 0.25 mg tablet	Ontralfy™ 2 mg/5 mL solution
dexchlorpheniramine 2 mg/5 mL solution	orphenadrine-aspirin-caffeine tablet
diclofenac potassium 25 mg capsule, tablet	oxaprozin 300 mg capsule
dicyclomine 40 mg tablet	Pokonza™ 10 mEq, 15 mEq packet
diflorasone 0.05% cream	prednisone DR 1 mg, 2 mg tablet
diflunisal 250 mg, 375 mg tablet	Prenatal vitamins (select – see chart below)
Doxycycline hyclate 75 mg capsule, doxycycline hyclate 50 mg tablet, doxycycline monohydrate 75 mg, 150 mg capsule	ranitidine 150 mg, 300 mg tablet

Drugs	
Duloxetine 80 mg, **90 mg**, **120 mg capsule**	Relafen® DS 1000 mg tablet
econazole nitrate 1% foam	relgaabi capsule
ergotamine tartrate® 2 mg SL tablet	Sdamlo™ 2.5 mg, 5 mg, 10 mg powder
Ertaczo® 2% cream	sertraline 150 mg, 200 mg capsule
Escitalopram 15 mg capsule	**tazarotene** foam (Fabior), **0.05%, 0.1% gel**
Fenofibrate 50 mg, 150 mg capsule (Lipofen); fenofibrate 40 mg, 120 mg tablet	tetracycline 250 mg, 500 mg tablet
fenoprofen 300 mg, 400 mg capsule;	tizanidine 8 mg capsule
folic acid (Quiofic) 0.2 mg/mL solution	tolmetin sodium 200 mg, 600 mg tablet, 400 mg capsule
gabapentin 200 mg capsule, 100 mg, 400 mg tablet	Tonmya™ 2.8 mg tablet
glimepiride 3 mg tablet	tretinoin gel micro 0.08% pump
glipizide 15 mg tablet	**ursodiol 150 mg**, 200 mg, 400 mg **capsule**
granisol 2 mg/10 mL solution	Venlafaxine besylate ER 112.5 mg tablet

Drugs – Prenatal Vitamins	
CitraNatal® 90 DHA Combo Pack	Prenaissance Plus softgel
CitraNatal® Assure Combo Pack	Prenate DHA® softgel
CitraNatal® Bloom tablet	Prenate Elite® tablet
CitraNatal® Harmony capsule	Prenate Enhance® softgel
CitraNatal Rx tablet	Prenate Essential® softgel
EnBrace HR® softgel	Taron™-Prex Prenatal DHA capsule
Nestabs® One softgel	Tristart DHA softgel
PNV-DHA + Docusate softgel	Vitafol®-One capsule
Prenaissance capsule	

Note: The drugs in this list have FDA-approved, safe, and effective alternatives for their common uses. Prescribers may consider alternatives using the Medicaid Pharmacy List of Reimbursable Drugs. Not all drugs listed are on the NYRx Preferred Drug List (PDL). However, those that are will have a superscript of MR to indicate manual review. This list is subject to change. For the most up-to-date list of drugs, see the NYRx Cost Optimization Program Overview.

Beginning September 10, 2026, the above drugs will reject with National Council for Prescription Drug Programs (NCPDP) Reject Code "75-MR, Manual Review Required." These drugs will not be approvable by Prime. A Manual Review by the New York State Department of Health will be required. Claims with an existing prior authorization will also reject with NCPDP Reject Code "00254-Service Code Not Equal to PA."

Prescribers are encouraged to achieve the desired dose by using multiple or half of the lower cost strength or choosing the lower cost formulation (e.g., tablets versus capsules) or choosing a lower cost therapeutic comparable drug in the same drug class. If a prescriber has determined that one of these drugs is the only appropriate treatment for a Medicaid member, they must submit a letter of medical necessity and supporting documentation to the Department. The letter must accompany patient chart notes and peer reviewed medical literature that supports the use of the requested drug unit strength or dosage form. All required documents must be sent by fax to 1-518-473-5508. For select medications in the Cost-Optimization Program, review requests may be submitted through an online form which can be found in the NYRx Cost Optimization Program Overview. A review will be conducted once all the listed information is received.

Resources

- NYRx Cost Optimization Program Overview
- NYRx Education & Outreach Website
- NYRx Preferred Drug List

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the NYRx Education & Outreach website for more information.